

## Sustainable Reintegration Knowledge Bites Series

Knowledge Bite #4 | December 2021

### Qualitative Study on Outwards Referrals

A qualitative study on referral outcomes under the EU-IOM Joint Initiative covering data collected in Cameroon, Guinea, Senegal and the Gambia in May and June 2021

#### Rationale of the Sustainable Reintegration Knowledge Bites Series

The Reintegration Sustainability Survey (RSS) was developed in 2017 with the aim of measuring reintegration sustainability. Designed to be easily deployed in IOM's reintegration programming, the RSS and related scoring system generate a composite reintegration score and three-dimensional scores measuring economic, social and psychosocial reintegration.

The Sustainable Reintegration Knowledge Bites Series aims to present findings pertaining to sustainable reintegration outcomes emerging from analyses based on RSS data and other monitoring and evaluation (M&E) data centrally available on the IOM's institutional case management system. This series is designed to bring such findings to the attention of reintegration practitioners and policymakers worldwide, as well as to inform and disseminate good practices, lessons learned and recommendations. The data presented in the series has been collected in the framework of the [EU-IOM Joint Initiative for Migrant Protection and Reintegration](#) and other [EU-IOM Actions](#) supporting migrant protection and sustainable reintegration.

Specifically, this series of Knowledge Bites attempts to: (i) empirically explain cross-country, cross-regional and cross-programme patterns on sustainable reintegration outcomes, (ii) assess the effectiveness of reintegration assistance in terms of achieving reintegration sustainability, (iii) determine which type(s) of reintegration support measures have proven to be the most impactful on each of the three dimensions of reintegration – economic, social and psychosocial, and (iv) investigate which are the external/structural factors affecting sustainable reintegration outcomes.

The [first Knowledge Bite](#) analysed the different factors influencing the sustainability of reintegration outcomes with the notable result that the provision of economic reintegration assistance contributes to returnees' higher average sustainable reintegration scores. The [second Knowledge Bite](#) explored additional factors that contribute to higher levels of sustainable reintegration and found that returnees who received at least one reintegration activity through referrals had lower reintegration sustainability scores and displayed lower levels of satisfaction with the reintegration assistance received.

#### Knowledge Management Hub

The development and production of this series is supported by the EU-IOM Knowledge Management Hub (KMH), which was established in September 2017 under the Pilot Action on Voluntary Return and Sustainable, Community-based Reintegration, funded by the European Union. The KMH aims to strengthen learning across return and reintegration programmes, and support the harmonization of approaches, processes and tools under the EU-IOM Actions addressing migrant protection and sustainable reintegration in Africa and Asia and beyond.





## Table of content

EXECUTIVE SUMMARY	4
1. BACKGROUND	5
1.1 Key points highlighted in the second Knowledge Bite	5
2. STUDY OBJECTIVES AND SCOPE	6
3. METHODOLOGY	6
3.1 Key informant interviews	6
3.2 Observations	7
3.3 Online survey	7
3.4 Limitations	7
4. FINDINGS	8
4.1 Referral process	9
4.1.1 Referral pathways and opportunities	9
4.1.2 Cooperation between referral organizations and IOM	12
4.1.3 Timeliness	13
4.2 Referral activities	14
4.2.1 Beneficiary expectations upon arrival in their countries of origin	14
4.2.2 Communication with returnees	14
4.2.3 Beneficiary level of satisfaction	15
4.2.4 Payment for services received	18
5. CONCLUSIONS	18
6. RECOMMENDATIONS	19



## EXECUTIVE SUMMARY

The qualitative study builds on findings from the second Knowledge Bite, which found that returnees who received direct assistance had higher satisfaction levels and higher reintegration sustainability scores than those who received assistance through referrals. This study sought to complement these findings on referrals by collecting qualitative information to provide insights into the reasons behind the low satisfaction and sustainability outcomes. The study covered four countries: Cameroon, Guinea, Senegal and the Gambia. The research methods focused on key informant interviews (KIIs) with staff of the International Organization for Migration (IOM), beneficiaries and referral partners; findings were complemented by a short online survey and observations.

Referral pathways are established based on the opportunities available in each country and fit with the beneficiary profile. Factors that influence where a migrant is referred are based on both the opportunities available and a beneficiary's location, background and motivation.

Specialized services in both medical and psychosocial support, often provided by the state are difficult to find and often expensive according to key informants. Respondents in Cameroon and Guinea found that state-run entities had difficulty providing services to returning migrants without IOM's technical and financial support.

Referrals made to international development agencies were found to provide fewer opportunities in terms of variety and length than training options offered through IOM direct assistance (for example, through private vocational training centres). While interesting as a referral option, there appears to be a mismatch between services provided by international development agencies and migrants' needs, expectations and abilities.

Cooperation with IOM was found overall to be cordial and working well between referral organizations in the Gambia and in Senegal. Coordination between IOM and development agencies is nuanced in Cameroon and in Guinea. This was mainly due to a mismatch between eligibility criteria of migrants referred and recipient programme criteria. Additionally, in both

Guinea and Cameroon, key informants on the receiving end of referrals felt that the information on returnees' education level was important for successful collaboration, yet was often missing when data was shared.

Once the referral process began and the beneficiary data were sent to a referral organization, both migrants and referral organizations reported that the activities could begin within a month. Referrals to medical services could take between a day and two months depending on the country. The study team found the limitations set out by European Union financing rules impacted IOM's ability to provide continued medical support.<sup>1</sup>

The majority of migrants interviewed were satisfied or very satisfied with the assistance they received through referral. In Senegal and the Gambia, beneficiaries interviewed were very satisfied with the referral services and reported having learned a lot of new knowledge as a result of vocational training. In Guinea, migrants referred to vocational training were dissatisfied because they were either not contacted by the referral organization or were ultimately ineligible. Most of those who received medical support through referrals were either satisfied or very satisfied with the service received; this was also true of psychosocial support recipients.

The majority of beneficiaries interviewed said they would refer other migrants to the service they received, citing the quality of medical services provided through IOM's referral and financial support. In the four countries surveyed, most beneficiaries did not pay for services received from referral partners as a result of a referral from IOM. Migrants reported to be generally satisfied with the referral services they received.

<sup>1</sup> Support funded through the programme cannot run beyond programme duration, even if paid for during programme timeframe. This particularly impacts long-term support such as long-term training, medical support, housing and education support.



# QUALITATIVE STUDY ON OUTWARDS REFERRALS

## 1. BACKGROUND

In October 2020, the EU-IOM Knowledge Management Hub launched the Sustainable Reintegration Knowledge Bites Series, which aims to present findings related to sustainable reintegration outcomes. Findings are based on data that have been collected in the framework of the [EU-IOM Joint Initiative for Migrant Protection and Reintegration](#), supporting migrant protection and sustainable reintegration. This series is designed to bring such findings to the attention of reintegration practitioners and policymakers worldwide, as well as to inform and disseminate good practices, lessons learned and recommendations.

The [first Knowledge Bite](#), published in October 2020, gave a first indication of some of the factors that can contribute to or hamper sustainable reintegration outcomes. The results showed that returnees benefiting from economic reintegration activities have on average higher sustainable reintegration scores compared with returnees not benefiting from them and that a context-specific approach to sustainable reintegration is necessary for returnees' sustainable reintegration in their country of origin.<sup>2</sup>

### DEFINITION OF REFERRAL USED

**Referral:** Process led by IOM or its partners consisting of directing beneficiaries to appropriate services or programmes through already existing services provided outside of the programme (i.e. not designed or implemented in the framework of the EU-IOM Joint Initiative for Migrant Protection and Reintegration).

A referral is counted from the moment IOM identifies an adequate service or programme that the returnee could benefit from and informs the returnee (and if relevant the service or programme) accordingly.<sup>3</sup>

**Direct assistance:** Assistance to returnees designed and implemented specifically under the programme led by IOM. Direct assistance can be delegated to implementing partners, service providers through a memorandum of understanding or implemented through an informal partnership.

### 1.1 Key points highlighted in the second Knowledge Bite

Building on these findings, the second Knowledge Bite focused on investigating sustainable reintegration outcomes following referrals and understanding the effect of referrals on returnees' satisfaction with the reintegration assistance received. Referrals across reintegration programmes are used to support returning migrants reintegrate into their countries of origin; they allow for specialized and tailored assistance and avoid duplication of services already provided by others. Referrals can also help reduce the direct caseload of country offices, offer services outside of what IOM can offer and provide a decentralized approach to service provision.

Results from the [second Knowledge Bite](#) show that returnees who only benefited from direct assistance reported higher levels of satisfaction with the overall reintegration support compared with those who received at least one referral for assistance. Results suggested that returnees benefiting from reintegration assistance through referrals display lower levels of satisfaction with the reintegration programme and only 51 per cent of respondents who were referred for at least one reintegration service reported that the reintegration assistance matched their expectations.

<sup>2</sup> More detailed information can also be found in Nozarian N. and N. Majidi, "[Measuring sustainable reintegration](#)," Migration Policy Practice, IX(1): 30–39 (2019), page 30. This article provides the background of IOM's definition of sustainable reintegration, as well as detailed information on the standardization of the measurement of reintegration.

<sup>3</sup> Once referred, follow-up reintegration counselling sessions and monitoring allow tracking whether a returnee has actually been assisted by the referred entity/programme and is satisfied with the assistance provided.



The second Knowledge Bite identified a knowledge gap regarding the reasons behind the negative effect of outwards referrals on sustainable reintegration scores and the levels of satisfaction among returnees. This highlighted a need for qualitative information to triangulate and complement these results in order to provide detailed recommendations to reintegration practitioners.

## 2. STUDY OBJECTIVES AND SCOPE

This qualitative study emerged from recommendations made in the second Knowledge Bite as it referred to the referral process and beneficiary satisfaction with services received through referrals. This qualitative study sought to complement these findings on referrals by collecting qualitative information. Specifically, it sought to complement the results of the second Knowledge Bite by providing insights into the reasons behind the negative effect of referrals on reintegration sustainability outcomes and on the level of satisfaction among returnees.

This study focused on outwards referrals within the framework of the EU-IOM Joint Initiative<sup>4</sup> in the Sahel and Lake Chad region. Qualitative research was carried out in four countries of origin covered under the EU-IOM Actions: Cameroon, the Gambia, Guinea and Senegal. These four countries were selected by IOM because they have a high number of referrals and had the capacity to support in-country data collection.

Qualitative data collection focused on beneficiaries who received assistance in part or entirely from an organization outside of IOM, via referrals. Beneficiaries included those who received any type of referral services (economic, social, psychosocial) and benefited from the different types of activities provided through referral services (training, material assistance, medical support, social protection schemes, etc.).

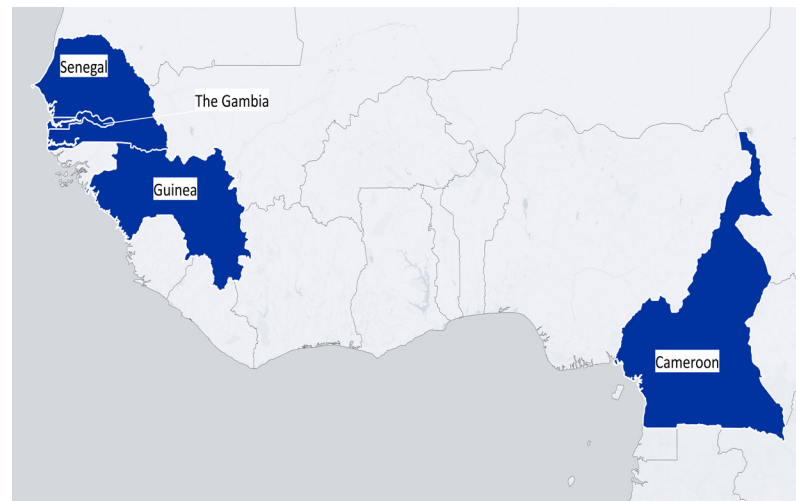
The overarching research questions used to structure the qualitative study focused on two themes, referral process and reintegration support measures:

- **The process of referrals:** To what extent did the referral process meet beneficiaries' needs and was it achieved in a timely manner?
- **The reintegration support measures offered in referrals:** To what extent did the reintegration support measures offered through referrals meet beneficiaries' needs and expectations?

## 3. METHODOLOGY

### 3.1 Key informant interviews

This study used qualitative methods to provide in-depth insights and understanding of returnees' experience with reintegration assistance through referrals, thus complementing the findings of the quantitative research presented in the second Knowledge Bite.



Source: World Bank

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

<sup>4</sup> The EU-IOM Joint Initiative is implemented across countries in North, East, West and Central Africa.



The main methodology used was **key informant interviews** with the main stakeholders involved in the referrals process: returnee beneficiaries, IOM staff and referral partners. Interviews were conducted in both French and English.

The sampling strategy used was mainly availability sampling followed by snowball sampling in cases where interviewees recommended other key informants. The IOM staff interviewed was based on sampling the two to three staff members most involved in the project. Referral beneficiaries were sampled through the support of IOM staff in-country using the beneficiary list of those referred. Beneficiaries were selected based on availability: those who could be reached (phones were in service), those who were located nearby and who were available and willing to participate in an interview. A list was used to contact beneficiaries to ask their availability, this was done by in-country IOM staff and every fifth person on the list was called to incorporate a level of randomness in the sample. A total of 132 individuals were interviewed; the breakdown of informants interviewed per country is as follows:

Table 1. Breakdown of KIIs per type and location

Type of KII	Cameroon	Guinea	Senegal	The Gambia	Total
Referral beneficiary <sup>5</sup>	9	11	30	21	71
Direct assistance beneficiary	25	17	0	0	42
Referral partner	6	3	1	3	13
IOM staff	7	3	2	3	15
<b>Total</b>	<b>38<sup>6</sup></b>	<b>34</b>	<b>33</b>	<b>27</b>	<b>132<sup>7</sup></b>

In the case where beneficiaries were referred to multiple services (for instance psychosocial support and vocational training), the key informant is recorded as one KII, but both services are recorded as type of key informant as data collected reflects both services received.

### 3.2 Observations

In addition to KIIs, field researchers also used observations, including observations of the process used to follow up on beneficiaries who were referred, as well as site visits.

### 3.3 Online survey

A short survey was sent to IOM staff in each of the four study countries to collect complementary information following data analysis. One staff member from each office responded, resulting in a total of four surveys completed online.

### 3.4 Limitations

This qualitative research had a number of limitations that were mitigated as best as possible, as described below:

- Due to COVID-19 restrictions, the main methodology used was that of KIIs as focus group discussions would have been difficult to conduct with social distancing.

<sup>5</sup> The report focuses on beneficiaries who received referral services. However, all returnees received some sort of direct assistance (medical, financial, transport, etc.) upon arrival in their countries of origin.

<sup>6</sup> In Cameroon, 9 of the 25 beneficiaries had received both direct assistance and referral services. In this case, they are counted as 2 separate assistance (1 direct assistance, 1 referral). However, they are counted as 1 KII.

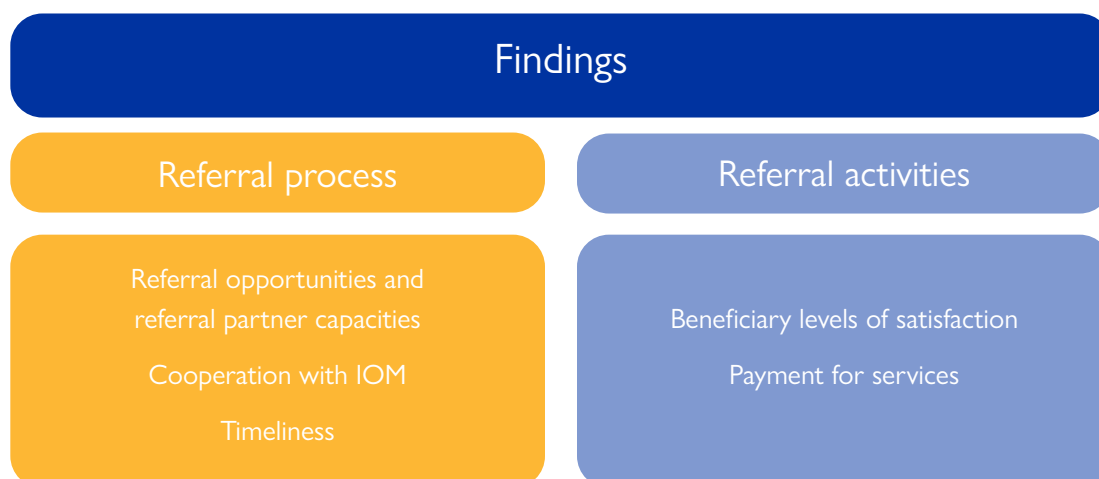
<sup>7</sup> 132 is the total amount of beneficiaries interviewed. See footnote 6 for data explanation.



- Because external consultants were not able to access internal data (information management systems, including IOM's Migrant Management Operational System Application (MiMOSA)), beneficiary selection was based on availability and at the discretion of country offices. As such, there was an inherent level of bias in the selection of those who were interviewed.
- To mitigate the risk of respondent fatigue, this qualitative study benefited from another research project conducted for a final evaluation. As such, the data collection tools utilized were not created exclusively for this qualitative study and questions were kept short and pointed. As a result, data in certain areas may not be very detailed.
- Tracing beneficiaries and contacting them to schedule interviews was challenging. Indeed, beneficiaries did not always have their phones charged or did not answer, while others were unavailable or had moved to other cities.
- Country offices had varying understanding of referrals and this impacted the selection of key informants. To manage this, the researchers spent time in the country offices to clarify the types of beneficiaries sought.
- The focus of the study is on qualitative data collected in the field. Given the nature of the research design and methodology, which focused on KIIs, there was little possibility to triangulate data with other sources (desk review, quantitative data). This is flagged in cases where collected data referred to only a single viewpoint.
- For logistical reasons, four researchers conducted the data collection: one per country. While the key informant guidelines were harmonized across locations, it is possible that the researchers phrased follow-up questions differently based on their understanding of the question.
- This study is not statistically representative; graphs presented in the report therefore represent the number of respondents who reported a particular answer. This information is presented in number format rather than percentage so as not to confuse the reader (percentages may lead the reader to believe that it represents a larger group).

## 4. FINDINGS

The findings section is divided into two subsections: referral **process** and referral **activities**. The referral process section looks at questions related to overall cooperation with IOM, timeliness, transfer of beneficiary data, contracting and choice of referral service to which the beneficiary was oriented, among others. The second section on referral activities answers questions related to beneficiary satisfaction, quality of services rendered and IOM support to provide the activities (materials, capacity building).







## 4.1 Referral process

This first section of the report focuses on the process of referring migrants to adequate services. It focuses on the availability of referral services in-country, the process of referring beneficiaries and timeliness of the referral process.

### 4.1.1 Referral pathways and opportunities

The process of identifying services available locally through referrals is a key step in the development of a reintegration assistance programme. These steps usually result in the creation of one or more referral mechanisms. Having a referral mechanism in place is crucial to addressing the various needs of returnees; it is rare that a single organization will be capable to meet all the needs identified. During the reintegration process, returnees can benefit from different types of reintegration support measures. Each beneficiary can benefit from several support measures delivered through direct assistance only, referrals only or a combination of both. Migrants are generally referred to only one referral partner to complement direct assistance.

Referral pathways are established based on the opportunities available in each country and fit with the beneficiary profile. Factors that influence where a migrant is referred to are based on both the opportunities available and a beneficiary's location, background and motivation. This was found to be the case in all four countries surveyed: "We match the returnee with an opportunity that is being provided by the referral partner that often comes with some eligibility criteria according to age, interests, educational background, geographical location, etc."<sup>8</sup> Referrals to international development agencies are made when the recipient organizations make a request to receive migrants referred by IOM, based on the needs of, and agreement from, the returnee.

Upon arrival in their countries of origin, migrants receive counselling assistance that presents them with a number of referral opportunities from which they can choose. In Cameroon, this information session takes place at the IOM office in collaboration with government partners (the Ministry of Youth Affairs and Civic Education and the Ministry of Social Affairs (MINAS)) and in Guinea, information sessions are held with partners and past referees once to twice a month to inform new arrivals of the options available to them. In Guinea and Senegal, migrants are informed by phone once they are formally referred to a vocational training programme.

In the Gambia, the country office provides direct assistance first and foremost, and migrants may be referred at a later time, if necessary. The initial strategy was to expand access to various services, but following the feedback from beneficiaries who were referred, the option of returnees accessing direct support as a primary support and referral as complementary was adopted. Thus, the best solution was found to be that, "IOM provides direct assistance and then the referral opportunity is potentially a complementary assistance."<sup>9</sup>

#### *Psychosocial referrals*

There is a need for psychosocial support (PSS) for migrants returning to their countries of origin. A 2020 report found that "very few migrants return without some level of psychosocial vulnerability, given the trauma experienced during their journeys. Many struggle with the stigma of being a returnee and feel rejected by their communities."<sup>11</sup> Psychosocial support

*"Every time we opened services for psychosocial support, we had fifty beneficiaries sign up"<sup>10</sup>*

**IOM, Cameroon**

<sup>8</sup> Reported from a KII.

<sup>9</sup> Reported from a KII.

<sup>10</sup> Originally in French : « Chaque fois qu'on fait des sessions collectives, il y a au moins une cinquantaine de migrants qui inscrivent leurs noms sur la liste de ceux qui souhaitent en bénéficier [des services psychosociaux] ».

<sup>11</sup> IOM, [Evaluation of reintegration activities in the Sahel and Lake Chad Region](#) (2020), page 11.



must be considered within the context of reintegration assistance because a migrant who has experienced a stressful migratory path or is concerned about their reintegration may not be able to take full advantage of the vocational opportunities provided.<sup>12</sup> Psychosocial assistance includes both one-on-one and group counselling; it can also be mainstreamed into other kinds of assistance, like a business training that would include advice on how to deal with the stress of starting up a micro-business. Key informants from both development agencies and private vocational companies highlighted that migrants required more support during training than other students who were not migrants.<sup>13</sup>

Specialized services in psychosocial support, often provided by the state, are difficult to find and often expensive according to key informants (Guinea, Cameroon, Senegal). Throughout the region, psychosocial support is often limited. Key informants in Cameroon pointed to insufficient services for psychosocial support, with only one organization (Trauma Centre) in the country providing mental health and psychosocial support.<sup>14</sup> This organization was found to be well equipped to deal with migrants and it also works with the United Nations High Commissioner for Refugees. Respondents in two countries found that state-run entities had difficulty providing services to returning migrants without support from IOM (financial or logistical). For example, in Cameroon, the daily transportation costs for state staff at MINAS (5,000 CFA francs per day) to reach migrants' locations was paid for by IOM.

### *Medical referrals*

State services were found to be an important part of the referral process, especially as it relates to providing medical services. Key informants found that state services were not always tailored to migrants' specific needs because supporting migrants upon their return was new to them.<sup>15</sup> IOM financial support and training on returnees' specific needs was important for successful service provision.

Existing challenges were sometimes difficult to overcome, despite IOM support. For example, while supported by IOM financially, MINAS in Cameroon still faces challenges in managing health cases as staff is not sufficiently trained to assist returning migrants. A cited example included two patients with mental illness who were turned away by MINAS because it did not have the capacity to take on the cases.

### *Vocational training*

IOM referred beneficiaries to numerous development agencies in the four countries studied; the most common were the Belgian Development Agency (Enabel), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)<sup>16</sup> and the United Nations Development Programme (UNDP). The majority of referrals in the Gambia was to development agencies (Enabel, GIZ) or international organizations (International Trade Centre). This was also the case in Guinea where referrals were made to UNDP and to Enabel. Interviews in Guinea revealed a mismatch between the profile of migrants referred and recipient organisation eligibility criteria. It also revealed a mismatch between migrant expectations and needs, and course content.



<sup>12</sup> IOM, [EU Joint Initiative for Migrant Protection and Reintegration: Biannual Reintegration Report #3](#) (July 2020).

<sup>13</sup> This does not exclude that migrants could also benefit from psychosocial support from IOM in parallel to vocational training.

<sup>14</sup> For more information, see IOM Evaluation of reintegration activities (see footnote 11).

<sup>15</sup> This is captured in IOM, Evaluation of reintegration activities (see footnote 11); through collaboration with IOM, governments are gaining awareness of migrants' specific psychosocial support needs.

<sup>16</sup> The German development agency.



“For us at Enabel,  
it’s new to work with migrants.  
We are a development agency”<sup>17</sup>

## KII, Guinea

made based on these partners’ requests for referrals. This is because, beyond the desire to foster working partnerships, development agencies like Enabel also had quotas to fill as per donor requests (for example, 30 per cent of Enabel beneficiaries should be returnees). While programme beneficiaries included migrants, vocational training course content created by Enabel, UNDP and GIZ were created for the economic integration of youth in general and not for migrants specifically. Key informants in both Guinea and Cameroon noted that referrals to these non-targeted programmes were not ideal because they did not account for migrants’ specific vulnerabilities or needs (for example, distress experienced during migration, difficulties finding housing close to the training centre due to lack of resources or poor relationships with family following their attempted migration, among other reasons).

These programmes – notably those in Guinea – were found to be rigid in their selection criteria to include migrants assisted by IOM, who often did not fit the criteria: too old, education levels too high or too low, living too far from the training location as the programmes did not have provisions to assist those coming from distant areas. Eligibility for Enabel’s programme was based on three criteria: age (18–35), level of education (equal to or less than 10th year) and location (in a radius of 5 km in urban and 10 km in rural locations from the project centre). In both Guinea and Cameroon, key informants on the receiving end of IOM referrals felt that the information on returnees’ education level was important for successful collaboration, yet was missing from the data sent during the referral process.<sup>18</sup>

While interesting as a referral option, in light of the non-tailored course content and eligibility criteria, there appears to be a mismatch between the course content and migrants’ needs. This mismatch between migrants’ expectations and development agencies’ training opportunities is important because it impacted the referral process itself and beneficiary satisfaction.

This is largely due to a discrepancy between migrants’ needs and priorities and what these development agencies’ programmes were able to offer. Migrants’ needs upon return to their countries of origin are primarily economic: the need to earn a decent living wage. While the need to learn a technical skill – which would allow them to support themselves over the long term – was of interest, the short-term need to earn an income was of a higher priority. To illustrate this point, the stipend offered for transportation by UNDP and Enabel in Guinea was reported by migrants interviewed to be too low: they were unable to cover their transportation costs with the amount and in some cases, did not continue to attend the training as a result.

The stipend was considered too low for numerous reasons. Respondents explained that while their transportation costs were covered, the amount left over was not enough to buy food to pay for housing and since the training was full time, they were not able to earn money on the side. Other beneficiaries had dependents to support. One returnee explained that he borrowed money to cover the training costs, while another dropped out due to a lack of resources. Certain migrants interviewed had initially been interested in learning a new skill through these long-term (6 or 9 month) training programmes but were not able to make ends meet with the stipend. Thus, while the transportation and food costs were covered by the daily stipend, the amount was considered too low as they were not able to earn a decent living during training. As a result of this mismatch (eligibility and insufficient stipend), a number of migrants interviewed for this study who were referred to development agencies’ programmes did not follow through with training.

<sup>17</sup> Originally in French: « Pour nous à Enabel, c’est nouveau de travailler avec les migrants de l’OIM. On reste une organisation de développement. »

<sup>18</sup> Similar findings show challenges in fostering synergies between IOM and partners in Guinea as described in IOM, [Knowledge Paper #2: Fostering and Strengthening Interlinkages between Sustainable Development and Reintegration Programmes](#) (2021).



### Vocational training: insights from interviews with direct assistance beneficiaries

Vocational training delivered through direct assistance was found by key informants to provide a large range of opportunities for returning migrants. The quality of these services depended on partner capacities, which varied. Vocational training programmes delivered by private companies were found to provide a variety of opportunities for returning migrants and data show a wide array of vocational training choices across the different countries studied.

These vocational trainings delivered via direct assistance through private companies were often existing trainings that were tailored in length and/or content for returnees. They tended to offer shorter trainings (often preferred by migrants for economic reasons) and offered more variety in course content (agriculture, mechanics, food preparation, etc.). On the other hand, referrals made to international development agencies were found to provide fewer opportunities than direct assistance provided by private vocational training centres in terms of variety and length. Vocational training offered through direct assistance was organized through a procurement process, with its corresponding contract and terms of reference. In Guinea, procurement was launched when enough migrants had requested a similar training.

Despite the options elsewhere, findings differ in Cameroon. Migrants were given a select number of training opportunities and obligated to complete the training to receive more assistance. While migrants chose the field of study, the options from which to choose were limited and as one KI explained, some migrants had enrolled in the course with the intention of completing it simply to obtain assistance: *“Certain migrants felt they were wasting their time. I overheard conversations where migrants said they were waiting to receive assistance [in-kind or cash-based intervention] in order to leave again. Many participated because they were obligated to.”*<sup>19</sup>

#### 4.1.2 Cooperation between referral organizations and IOM

Cooperation and communication were reported to be strong between IOM and referral organizations in the Gambia and Senegal. Partners' requests for additional support were met and they were able to learn about migrants' issues during the collaboration.

Coordination between IOM and development agencies is nuanced in Guinea. The main challenge was linked to the above-mentioned recipient development agencies' eligibility criteria. This is a second example of mismatch: between eligibility criteria and people referred. Migrants referred to Enabel in Guinea were often incompatible with their eligibility criteria (living too far from the training centre, were too old, or had incompatible education levels). In terms of location, returnees may have been in the correct location upon their referral but moved afterwards. As a result, numerous migrants were deemed ineligible and disqualified from Enabel's programme.

*“Our cooperation with IOM  
is very fruitful and cordial since we  
started working together”*

**Partner, the Gambia**

<sup>19</sup> Originally in French : « Certains migrants avaient le sentiment qu'on leur perdait le temps. J'ai surpris des conversations où les migrants disaient attendre recevoir leur transfert monétaire (CBI) pour repartir. Beaucoup de migrants participaient aux formations parce qu'ils y étaient contraints. »



Disqualified migrants did not receive instructions from Enabel on next steps and interviews done with those disqualified indicate that they did not go back to IOM to request another referral or direct assistance. Based on interviews with beneficiaries, it is likely that numerous beneficiaries in Guinea who were referred to Enabel have not received either referral assistance, nor direct assistance from IOM; and migrants interviewed who were referred to UNDP and Enabel reported that they had not received any assistance following their referral. While some of these migrants referred to UNDP and Enabel did not follow through with training, it is important to note that a couple of these UNDP/Enabel beneficiaries interviewed went back to IOM to request direct assistance, which they confirm having received.

*Continue to support migrants after end of IOM collaboration*

Development agencies and non-governmental organizations planned to continue working with migrants either because it was part of their programme targets (UNDP, Enabel<sup>20</sup>), because they had other donors who supported their work with returning migrants, or because they were already working with migrants before their collaboration with IOM. However, their ability to continue this work depended on financing: organizations that provided vocational support had the will to support migrants but rarely the independent financial resources to do so.

4.1.3 Timeliness

Most migrants received support within a month of their referral to an external organization. Once the referral process began and the beneficiary data were sent to a referral organization, both migrants and referral organizations reported that the activities could begin within a month. Those organizations who were unable to provide support within a month attributed this to a lack of financial means and insufficient clarity on their roles and responsibilities. COVID-19 contributed to the length of time it took to begin activities in 2020, as training was set up as a group activity where social distancing was difficult to ensure.



Chart 1. Timeliness



Migrants who reported that they “never received anything” were beneficiaries who were referred to UNDP or to Enabel in Guinea. IOM country staff confirmed that their names and contact information were sent to the referral organization, while migrants interviewed reported either not being contacted by the referral organization or reported having been contacted a first time to determine their eligibility and in numerous circumstances, not having been contacted again afterwards (likely due to their ineligibility). Given that the referral process was considered to be completed from IOM’s standpoint, but the migrants were ineligible from the referral organization’s point of view, a number of migrants did not end up being assisted. It seems that there was no follow-up from IOM on those cases who had been referred in order to learn whether the beneficiary had integrated the programme or not.

<sup>20</sup> Enabel aims to work with migrants; 30 per cent of students should be migrants.



Referrals to medical services can reportedly take between a day and two months depending on the country. Urgent cases are treated more rapidly, usually within a couple of days. In Cameroon, medical referrals can take one to two months as the medical dossier has to be completed by IOM staff and sent to Yaoundé (from Douala). The financial support for medical referrals can take up to a month due to the procurement process (according to key informants), which is why country offices<sup>21</sup> propose that migrants pay the costs up front and be reimbursed by IOM afterwards in locations where agreements with IOM to pay the bill following treatment do not exist.

## 4.2 Referral activities

### 4.2.1 Beneficiary expectations upon arrival in their countries of origin

Within the process of return and reintegration, migrants interviewed reported that they were informed about certain services they could receive upon return to their countries of origin (in the case of voluntary returns). Interviewers therefore asked migrants how much of what IOM said they would provide was delivered. The majority reported that reintegration assistance corresponded to what IOM said they would deliver, against a small minority who said it “partly” corresponded. Of those interviewed, one in five responded that assistance did not correspond to their expectations, which led to frustrations. Those who were forced to return to their countries of origin were not told of specific assistance they would receive upon arrival and, as such, this question did not apply to them.<sup>22</sup>

Those who received assistance in line with what they were told they would receive acknowledged that the assistance provided through referrals coincided with their expectations.

### 4.2.2 Communication with returnees

Communication with returnees emerged as a theme during interviews with beneficiaries. When migrants arrived in their countries of origin, there was an initial point of contact with IOM (at the airport, bus terminal, border crossing, etc.). In Guinea, migrants were often given a phone and a SIM card along with some pocket money to make it home. While it is not part of the referral process, it is important to flag that a few migrants interviewed in Guinea for this qualitative study reported not receiving a phone or SIM card at the airport upon their arrival, which made it more difficult for them to communicate with the IOM team. This applied to both migrants who arrived in Guinea after February 2018, which is when IOM began to distribute SIMs and phones. In the case where no phone or SIM was given, migrants gave the number of a family member or close friend, but this was not always an effective method as it meant the migrant needed to stay in close proximity with this person in case IOM or a referral organization were to call. Meanwhile, in other countries, like the Gambia, IOM is unable to provide phones and SIM cards as legally, each SIM card in this country needs to be linked to an identity document such as national ID or passport. Returnees in their vast majority do not have sufficient documentation to receive a SIM upon arrival.

At country level, migrants in Guinea also expressed frustrations regarding IOM’s communication, reporting that IOM had asked them to come to the office and then to wait, or agreed to call them to let them know the next steps, but they had not received a call. This was cited in a number of interviews and suggests that the volume of migrants versus the number of staff does not allow the type of individual case management that this form of communication (regular telephone calls) would require. Key informants also explained that migrants are very often unreachable: their phones are turned off or not charged.

<sup>21</sup> This is the case in Cameroon and in Guinea. .

<sup>22</sup> Although not involved in the organization of forced returns, IOM can provide post-arrival assistance if requested by the government of the country of origin. Under the EU-IOM Joint Initiative, only forced returns from Europe are entitled to reintegration assistance if requested by the government. Forced returns from the region are not entitled to reintegration assistance under this programme, but can receive humanitarian post-arrival assistance if requested by the government.



There appears to be a lack of clarity in communication in the options available: when pressed on details, migrants interviewed who had been referred to UNDP and Enabel in Guinea did not appear to know that it was their responsibility to call IOM to follow up on their case. Interviews were therefore also an opportunity for migrants to see IOM staff in the field and to obtain information on the procedures to follow.

#### 4.2.3 Beneficiary level of satisfaction

This section looks at satisfaction with assistance received through referrals only. The majority of migrants interviewed were satisfied or very satisfied with the assistance they received through referral.

##### *Satisfaction: vocational training*

Overall, migrants in the Gambia and Senegal who received vocational training from a referral partner were satisfied. The combination of training and financing was well received as these two aspects were related to one another. Specifically, migrants who received training prior to financial support to start a business were satisfied with the support as they gained both the knowledge and means to implement their new skills once their training ended. Data collected from migrants who followed vocational training programmes suggest that those who did longer, vocation-focused trainings were satisfied – they regularly expressed satisfaction with their new knowledge and valued the skill set they were able to acquire through the programme's support.

In the Gambia, beneficiaries were satisfied or very satisfied in all but one interview. Those interviewed felt that training had enriched their resumés, taught them new skills (solar panel installation, carpentry, business management, record keeping), built their self-confidence and provided them the means by which to earn an income to support their families. Graduates are using their new skills to start or build existing businesses, to attract customers and improve their financial management. One graduate explained that the skills learned had helped them attract more customers, implement a savings scheme to build capital and keep proper transaction records to improve the overall management of their business.

In Guinea, migrants were referred to one of two vocational training referral partners: Enabel and UNDP. These migrants referred to Enabel or UNDP who were interviewed for this study were not satisfied. These were returning migrants who were supposed to be trained following a referral but did not enter the programme for various reasons: ineligibility,

*“I got new knowledge and skills in designing clothes of contemporary world after the training. I was taught how to attract customers and make more profit and that’s what I did to expand my tailoring shop.”*

**Beneficiary, the Gambia**

*“I learned a lot of things, especially about finances. When I came back from my migration, I had a little bit of money but I didn’t do anything with it because I didn’t know where to start. This training brought me a lot.”<sup>23</sup>*

**Vocational training beneficiary, Senegal**

*“With Trees for the Future, I learned skills because the trainers are real technicians.”<sup>24</sup>*

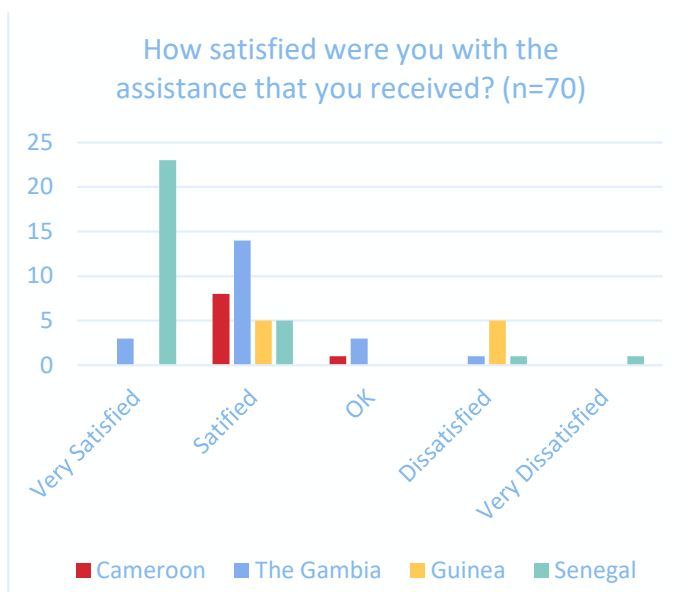
**Beneficiary, Senegal**

<sup>23</sup> Originally in French: « J’ai appris beaucoup de choses, surtout dans le domaine financier. En fait, quand je suis revenu de la migration, j’avais amené un peu d’argent mais je ne pouvais pas mener une activité parce que je ne savais pas comment m’y prendre. Cette formation m’a beaucoup apporté. »

<sup>24</sup> Originally in French : « En Libye, je travaillais dans les jardins sans formation, mais avec Trees for the Future, j’ai vraiment acquis des connaissances parce que les formateurs sont de vrais techniciens. »



Chart 2. Beneficiary level of satisfaction



not contacted by the development agency, or were ultimately unable to follow the training because they had families to support and could not take several months to learn a new skill. While IOM staff confirmed that these migrants were informed of the length of the training, it appears they were initially willing to attend, only to change their minds after the referral had been made. Alternatively, some were interested but were found to be ineligible.

In Senegal, beneficiaries interviewed were very satisfied with the referral services and reported having learned a lot of new knowledge as a result of vocational training. The main skills learned include agriculture and plant management, creating a business plan, client management and food processing. Among the reasons for their satisfaction, migrants explained that they learned skills that were not only interesting, but that were also instrumental in building a new life: learning something opened a new world of possibilities and hope that were made possible through training.

The majority also said they would refer other migrants to IOM and to the service they received, citing the quality of the training, of medical services and psychosocial support provided through IOM’s referral and financial support. Those who were trained explained that they had learned new and useful skills that would help them earn a living and a number of migrants explained that they had already encouraged their peers to follow similar courses. The small minority who did not recommend the medical service was either in Senegal or Guinea.<sup>25</sup> In Senegal and Guinea, those who would not refer other migrants to IOM’s services explained that in trainings provided by IOM’s referral partners, there was too much focus on theory and not enough practice. In Guinea, those who would not refer the services were either UNDP or Enabel referrals who never received services following referral.

In cases where migrants were less satisfied, notably with vocational training, it is possible that their level of satisfaction was negatively influenced when they saw their peers receive punctual, in-kind support. Beneficiaries’ levels of satisfaction should therefore also be considered within the wider context, short-term versus long-term support and peer influence. Interviews with beneficiaries revealed a level of frustration with the type of assistance received: some expressed a preference to receive short-term in-kind assistance to start a small business or help to buy a motorcycle to work as a taxi driver, rather than longer-term non-tangible support, like vocational training. This does not indicate that IOM should change their assistance strategy but instead points to the importance of communicating the value of learning a life-long skill through longer-term support rather than one-off in-kind assistance (see Recommendations below for more).



<sup>25</sup> One beneficiary was a medical referral and did not feel comfortable recommending a specialized medical service.





*“[Migrants] will ask their friend, ‘what have you been doing?’ The friend will say ‘I did business, I have a shop.’ That influences them, even if they don’t have the skills to run a shop, they prefer to take what their friend was doing.”*

## KII, the Gambia

*“I am satisfied with the support I received because I could not walk before. And now, I can stand up and go to the shop.”<sup>28</sup>*

## Beneficiary, Cameroon

While this does not line up with the findings from the second Knowledge Bite, the limitations cited in the methodology contribute to explaining this discrepancy: difficulty finding beneficiaries and selection bias.

### *Satisfaction: cash-for-work*

Returnees in the Gambia, who received support through Enabel via a Cash-for-Work project were generally satisfied with this type of assistance. These recipients reported liking the collective nature of the work, the opportunity to learn a new skill and being able to earn a living for their families: “income from the cash for work really elevated my living standard as compared to when I had just returned.” While overall satisfaction emerged as the main trend, frustration emerged with the salary amount, which was cited by some as being too low; raising the salary was cited by nearly all beneficiaries as being their recommendation for future similar projects.

### *Satisfaction: medical and psychosocial support*

A minority of migrants interviewed were beneficiaries of medical referrals or psychosocial support and, as such, there are limited data to

qualify their levels of satisfaction.<sup>26</sup> All those who received psychosocial support through referrals were either satisfied or very satisfied with the service received. Both medical and psychosocial support responded to the conditions presented. This level of satisfaction is in line with IOM staff and service providers’ perceptions. For recipients of psychosocial support in particular, “it was for certain migrants, the first time they had been listened to with attention and empathy.”<sup>27</sup>

Those who were satisfied (but not “very satisfied”) about medical referrals include: a migrant who was hospitalized but asked to leave shortly thereafter due to an influx of COVID-19 patients, another was asked to use a cash grant to pay for medical expenses and would be reimbursed by IOM for their expenses but is still waiting for that reimbursement,<sup>29</sup> and a third who reported negligence at Hôpital Laquintine (Cameroon) before moving to another clinic. Medical referrals were found to be a lengthy process (ranging from a day to a couple of months) and migrants explained that there was a need to provide medical follow-ups when longer-term support is needed. For example, an informant in Cameroon explained that they experienced a relapse and when they approached IOM were told that their case had been closed and that IOM could not support them. IOM staff surveyed confirm that support can last up to a maximum of one year. Two countries reported that support lasted three months and another reported that support lasted six months; these time periods could be extended if needed.

This mismatch between returnees’ long-term needs and IOM’s support is largely due to the programmatic nature of IOM’s assistance, resources available to cover long-term costs, and the initial length of the programme. While recurrent top-ups from the donor over the duration of the project extended to beyond the project’s initial duration, donor accounting rules do not allow for services paid during the project period to run for a longer period than the project itself. It is therefore more an issue

<sup>26</sup> It is important to note here that this is not representative of the total number of returnees referred to these services. This study aimed to seek insights from returnees who benefited from referrals overall and the methodology used did not set quotas for the number of informants per type of service.

<sup>27</sup> KII in Cameroon. Originally in French: « C’était pour la plupart la première fois d’avoir été écouté avec attention et empathie. »

<sup>28</sup> Originally in French: « Je suis satisfait de ma prise en charge puisqu’avant, je ne marchais pas. Maintenant je me mets debout, je peux aller à la boutique. »

<sup>29</sup> This is likely a rare case. Vulnerable migrants can receive a small “subsistence allowance” if needed ahead of their economic reintegration assistance. It can happen that they then fall ill and use this allowance to purchase medicine and then request IOM to reimburse them upon presentation of supporting documents. Such requests are assessed on a case-by-case basis to avoid any attempt to take advantage of the program.



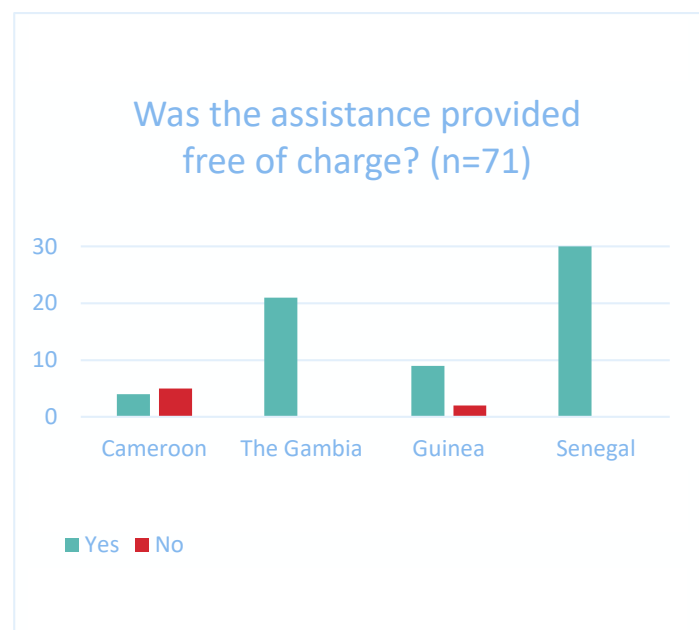
of assistance being limited up to the project end date, rather than being limited to a specific number of months. This impacts the support of long-term training, children's education, IOM's ability to cover rent and medical support, among other assistance.

#### 4.2.4 Payment for services received

In the four countries surveyed, the vast majority of beneficiaries did not pay for services received from referral partners as a result of a referral from IOM (activities were free of charge to them). A number of migrants across the countries studied thanked IOM in their interviews, recognizing that IOM's financial support – be it through medical services, vocational training or psychosocial support – was invaluable. A number of migrants who received medical support expressed that the medical services received were of high quality and that it was not something they would otherwise have been able to afford without IOM support.

In Cameroon (and in one case in Guinea), where beneficiaries reported that the services were not free, these were medical and there were two explanations. Respondents receiving medical care were sometimes asked to advance the costs themselves and receive reimbursement from IOM. While this service was technically paid for by IOM, the burden of paying up front was problematic for those beneficiaries. It is important to note here, however, that some IOM offices, as was the case in Cameroon, have agreements in place with medical clinics whereby the returnee is treated and the bill is sent directly to IOM afterwards for payment. Second, in a small number of cases, beneficiaries receiving medical assistance were expected to pay for the auxiliary costs: transport to the medical centre, food and lodging. This concerned a small number of beneficiaries interviewed (Cameroon and Guinea) who travelled away from home to receive treatment and stay overnight. IOM staff surveyed stated that transportation is not systematically included in medical support. Support is provided if the migrants or their families cannot pay for transport or if they cannot travel alone (are not well enough to travel alone).

Chart 3. Payment of services received



## 5. CONCLUSIONS

Data collected on referrals in Cameroon, The Gambia, Guinea and Senegal illustrate the complexity of providing tailored assistance through referral pathways. The findings complement those from the second Knowledge Bite by providing nuance: the findings on satisfaction of services received through referrals are more positive than anticipated. IOM's support of state-provided services has allowed migrants to receive medical and psychosocial support upon their return and contributed to their reintegration.

Collaboration with referral organizations emerged as a critical factor for successful referrals. Mismatch between migrants' needs and referral partners' programme content and eligibility criteria is among the most important findings. Returnees selected by IOM for referral do not always meet recipient organisations' eligibility criteria, leading to frustrations on all sides and affecting returnees' reintegration. The type of support offered by referral partners may not meet migrants' needs, notably as it relates to



financial support during vocational training. These discrepancies point to gaps in communication and in mutual understanding of partners' programmatic offer and corresponding limitations that warrant further consideration in future.

While a number of areas in the referral process can be improved, notably as it relates to referrals to development agencies, it is important to highlight that assistance provided to returnees through direct assistance and medical support are functioning and their success can be built upon moving forward.

## 6. RECOMMENDATIONS

◇ Synergies should be discussed (and possibly formalized) as early as possible during the respective programmes' design stage to optimize the potential offered by the synergies and to embed coordination mechanisms in the programmes.

**Preliminary discussions with partners ahead of project development should systematically take place.** These initial coordination meetings during project development can also set out how to coordinate the complementarity of assistance, outline the roles and responsibilities between referral partner and IOM, and the procedure to follow up on those who have been referred. These discussions should cover eligibility criteria for referrals and the methods used to assess this eligibility. These meetings should take place in person when possible; summary notes of these discussions should be shared with staff involved in the project to communicate

decisions and be integrated into project documents (eligibility, roles and responsibilities, lines of communication).

This is especially relevant for eligibility criteria: **eligibility criteria for migrants referred to development agencies should be used to select migrants for referrals.** When these eligibility requirements are flexible, this should be captured in a written exchange; when they are not flexible, IOM should ensure that referrals respect partners' criteria. In addition to the flexibility in eligibility and selection criterion, it is important to highlight the need for tailored complementary support to enable returnees to meet minimum requirements (for example, if educational requirement cannot be met, IOM can offer the possibility of attending a 'make-up' class/course, taking a certain exam to bridge the gap). In exchange, referral organizations who receive ineligible candidates (for example, a migrant who moves after referral and is now too far from the training centre or a migrant who has changed their mind) should immediately flag it to IOM so that IOM may follow up and provide a different type of assistance. This collaboration will work best if both parties have clear communication, roles and responsibilities.

When discussing possible synergies, **clear referral pathways and conditions of access** for beneficiaries should be defined, if relevant.

◇ Produce more knowledge and evidence to better understand the links between reintegration and sustainable development and enhance related programming.

**Introduce a follow-up protocol for migrants referred to development agencies** to track which migrants were ultimately ineligible for assistance and/or did not enrol in the referred service and **ensure adequate resources are allocated to this activity.** A systematic follow-up at a set interval (four or six months after referral, for example) will flag migrants who may have been referred but did not follow through with the process, allowing IOM an opportunity to intervene and provide another form of assistance, when possible.



While there are currently surveys in place that analyse migrants' satisfaction and reintegration, a quicker follow-up that specifically targets migrants sent to referrals could equip IOM to reorient migrants in a timely fashion, this could be done through the current existing survey or a new rapid survey. This could include an assessment of beneficiary retention rates and reasons for withdrawal. IOM can use the IOM Migrant Assistance Portal for this, a system which allows IOM to send information needed by the recipient referral partner and to receive live information on the referral process as updated by the partner.

◇ Programmes aiming at addressing returnees' reintegration must build upon robust mapping and assessments of the local context (including stakeholder mapping and service mapping).

**Ensure vocational training courses offered through referrals are in line with labour market demands.** Courses should balance both beneficiaries' desires to learn a specific professional trade and the labour market demands in a given location. To achieve this balance, a **rapid labour market assessment** (LMA) should be conducted. This LMA can be conducted by either the IOM staff developing the programme, local partners or external contractors depending on the time, availability of resources and size of the project. Refer to the [IOM Reintegration Handbook](#) in which guidance for LMA is detailed.

**Vocational training programmes should use existing mapping and assessments as much as possible** (including community mapping, returnee needs assessment, labour market assessment, value chains assessment and others). The tools produced under these programmes should be shared widely with development and reintegration stakeholders to foster a common understanding and common prioritization of interventions in communities of return.

**Ensure the length of training opportunities are in line with reintegration objectives and refine the messaging to beneficiaries to manage expectations.** While short trainings can provide a punctual and rapid overview of a subject, they will not provide vocational skills (as it is the case with multi-month trainings). While both types of training are valid and appropriate depending on the students' needs, it is important to ensure that the length of the training corresponds to the expected learning outcomes. For example, if the desired outcome is an overview of skills needed to start a business prior to in-kind business support, a short training may be appropriate, whereas if the objective is to train migrants to drive trucks with a goal to integrate returnees in the local labour market, a more in-depth training would be needed to meet objectives. In longer trainings, provide stipends to reduce the opportunity costs and barriers.

**Donors should consider accepting to fund activities that run beyond the project end date to ensure the sustainability and relevance of services offered.** Certain support provided to meet returnees' needs is de facto longer-term support (medical, educative, rent, etc.) that requires continued support from IOM over an extended period of time that may go beyond the project end date. Donors should account for these specific cases' needs and financial support should be available until returnees' needs are fulfilled to the best extent possible.



- ◇ Migration programming should explicitly include reintegration concerns, including the need to earn a decent wage.

Both the **short-term and long-term needs** of returnees must be taken into account when planning for migration and returnee programming. Reintegration programmes usually address the short-term needs and provide beneficiaries with tools to foster sustainable reintegration, but this initial support alone is often insufficient to cover returnees' long-term needs. Considering returnees' longer-term economic needs would better support their reintegration in their countries of origin and mitigate economic-based migration in future.

**Ensure that vocational training is accessible by providing adequate stipends.** Adequate stipends contribute to supporting returnees' reintegration concerns and need to earn a decent living, while learning skills to support their reintegration. As far as possible, provide sufficient funding for those in vocational training to mitigate the risk of dropouts and ensure that training remains a viable option for those with financial burdens. This could include paying beneficiaries a rate similar to a cash-for-work programme. When determining stipend values, there is a fine balance between equality (ensuring beneficiaries receive standard amounts) and the variation between each beneficiary's financial capacities (breadwinners, those who live far away, etc.).

- ◇ Programmes supporting returnees' reintegration should leverage reintegration actors' sound understanding of reintegration challenges.

**Consider using other forms of communication with beneficiaries beyond phone calls.** While phone calls are ideal, for the purpose of clear communication and given the caseload in each country office, another method like SMS mass-texting could be more suitable to communicate with beneficiaries. SMS messages would ensure that information is clearly received and stored for future reference (both the information itself and the date). These messages could be in multiple languages and while written, the beneficiaries could also opt

to receive a vocal message. For example, prior to calling beneficiaries to inquire about their interest in a training, a mass text message could be sent out to inform of the date and time of the call. This could reduce the frustration of not being able to reach beneficiaries and the time spent on missed calls (telephone tag).

**Tailor reintegration activities or align them more closely to the needs and preferences of returnees.** Reintegration programmes aiming at contributing to sustainable development should leverage development actors' sound understanding of the local context and local needs, as well as development approaches (including participatory and area-based development approaches).